

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO**  
**ALICE O. MCCOLLUM, JUDGE**

ESTATE OF MARGARET C. GRILLOT

**DECEASED**  
**PROBATE COURT**

CASE NO. **2015EST00733**

2015 APR 21 A 11:14  
 ALICE O. MCCOLLUM  
 PROBATE JUDGE  
 MONTGOMERY CO OHIO

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN,  
 LEGATEES AND DEVISEES**

[R.C. 2105.06, 2106.13 and 2107.19]

[Use with those applications or filings requiring some or all of the  
 information in this form, for notice or other purposes. Update as required.]

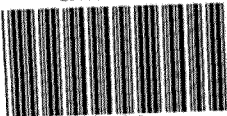
The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are the decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
None		Surviving Spouse	
John Franklin Law, Jr died October 31, 2012		son	
Lacey R. Gibbs aka Lacey Renee Law		granddaughter	Adult
	9403 Ft Loramie Swanders Rd., Anna, OH 45302		
Christie Michelle Combs aka Christine Michelle Combs		granddaughter	Adult
	135 Bramblebush Lane, Springboro, OH 45066		
Terri L. Hull aka Terri Lynn Grimmett		granddaughter	Adult
	842 Stonehenge Dr., Tipp City, OH 45371		

**[Check whichever of the following is applicable]**

- ☐ The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- ☐ The surviving spouse is the natural or adoptive parent of at least one, but not all, of the decedent's children.
- ☐ The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- ☐ There are minor children of the decedent who are not the children of the surviving spouse.
- ☐ There are minor children of the decedent and no surviving spouse.

2015EST00733



1192712

FORM 1.0 - SURVIVING SPOUSE, NEXT OF KIN, LEGATEES AND DEVISEES

12/01/02

DECEASED



**PROBATE COURT OF MONTGOMERY COUNTY, OHIO**  
**ALICE O. McCOLLUM, JUDGE**

ESTATE OF MARGARET C. GRILLOT

CASE NO. \_\_\_\_\_

**2015EST00733**

FILED  
 PROBATE COURT  
 DECEASED  
 2015 APR 21 A 11:14

ALICE O. MCCOLLUM  
 PROBATE JUDGE  
 MONTGOMERY CO OHIO

**APPLICATION TO PROBATE WILL**

[R.C. 2107.11, 2107, 2107.18, AND 2107.19]

Applicant states that decedent died on April 3, 2015

Decedent's domicile was 1570 Cedar Bark Trail

West Carrollton	Street Address	Montgomery
City or Village, or Township if unincorporated area	County	
West Carrollton	Ohio	45449
Post Office	State	Zip Code

A document purporting to be decedent's last will is attached and offered for probate, and applicant waives notice of probate of this will.

Decedent's surviving spouse, children, next of kin, and legatees and devisees, known to applicant, are listed on the attached Form 1.0.

James R. Mitchell  
 Attorney for Applicant  
 James R. Mitchell  
 Typed or Printed Name  
 9889 West State Rt. 55  
 Address  
 Ludlow Falls, Ohio 45339  
 937-947-1831  
 Phone Number (include Area Code)  
 Attorney Registration No. 0005781

James R. Mitchell  
 Applicant  
 James R. Mitchell  
 Typed or Printed Name  
 9889 West State Rt. 55  
 Address  
 Ludlow Falls, Ohio 45339  
 937-947-1831  
 Phone Number (include Area Code)

**WAIVER OF NOTICE OF PROBATE OF WILL**

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002, and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

Lacey R. Gibbs  
 Lacey Renee Gibbs

Terri Lynn Hull  
 Terri Lynn Hull

Christine Michelle Combs  
 Christine Michelle Combs

**D. FARMER**  
**MAGISTRATE**

2015EST00733



1192713

BATE WILL

No Will on deposit  
 in this court.  
Diana R. [Signature]

(Reverse of Form 2.0)

FILED  
PROBATE COURTCASE NO. **2015EST00733**

2015 APR 21 A 11:14

**ENTRY ADMITTING WILL TO PROBATE**ALICE O. MCCOLLUM  
PROBATE JUDGE  
MONTGOMERY CO OHIO

The Court finds that the purported will of decedent, either on its face or from testimony of the witnesses, complies with applicable law. It is therefore admitted to probate and ordered recorded. The Court further orders that notice of the probate be given to all parties entitled to notice.

**APR 20 2015**

Date


  
 Probate Judge
**CERTIFICATE OF WAIVER OF NOTICE**

The undersigned states that all persons entitled to notice:

[Check applicable boxes]

- ☒ Have waived notice of the application for probate of this will or of a contest as to jurisdiction.
- ☐ Have waived notice of this will's admission to probate. The waivers are filed herein.
- ☐ Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

**APPROVED**
 FILED  
 PROBATE COURT  
 2015 APR 21 A 11:14  
 ALICE O. MCCOLLUM  
 PROBATE JUDGE  
 MONTGOMERY CO OHIO

-   
☒ Fiduciary
- ☐ Applicant for the admission of this will to probate
- ☐ Applicant for a release from administration
- ☐ Other interested person
- ☐ Attorney for any of the above

Attorney Registration No. 0005781

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO**  
**ALICE O. McCOLLUM, JUDGE**

ESTATE OF MARGARET C. GRILLOT

CASE NO. 2015EST00733

FILED  
 PROBATE COURT  
 DECEASED  
 2015 APR 21 A 11:14  
 ALICE O. MCCOLLUM  
 PROBATE JUDGE  
 MONTGOMERY CO OHIO

**APPLICATION FOR AUTHORITY TO ADMINISTER ESTATE**

[R.C. 2109.02 and 2109.07]

[For Executors and all Administrators; attach supplemental  
 application for ancillary administration, if applicable]

Applicant states that decedent died on April 3, 2015

Decedent's domicile was 1570 Cedar Bark Trail

<u>West Carrollton</u>	Street Address	<u>Montgomery</u>
City or Village, or Township if unincorporated area		County
<u>West Carrollton</u>	<u>Ohio</u>	<u>45449</u>
Post Office	State	Zip Code

Applicant asks to be appointed Executor  
 of decedent's estate. [Check whichever of the following are applicable] - ☐ To applicant's knowledge, decedent did not leave a  
 Will - ☒ Decedent's Will has been admitted to probate in this Court - ☐ A supplemental application for ancillary administration  
 is attached.

Attached is a list of the surviving spouse, children, next of kin, and legatees and devisees, known to applicant, which list includes  
 those persons entitled to administer the estate.

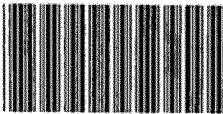
The estimated value of the estate is:

Personal property.....	\$ <u>1,977,330.23</u>
Annual real property rentals.....	\$ <u>128,587.50</u>
Subtotal, personalty and rentals.....	\$ <u>2,105,917.73</u>
Real Property.....	\$ <u>1,421,848.00</u>
Total estimated estate.....	\$ <u>3,527,765.73</u>
Applicant owes the estate.....	\$ <u>0.00</u>
The estate owes applicant.....	\$ <u>0.00</u>

[Check one of the following four paragraphs]

- ☒ Applicant says that decedent's Will requests that no bond be required, and therefore asks the Court to dispense with  
 bond.
- ☐ Applicant is a trust company duly qualified in Ohio, and bond is dispensed with by law.

2015EST00733



1192714

FORM 4.0 - APPLICATION FOR AUTHORITY TO ADMINISTER ESTATE


12/01/2002


(Reverse of Form 4.0)

CASE NO. **2015 EST 00733**

- ☐ Applicant is decedent's surviving spouse and is entitled to the entire net proceeds of the estate, or applicant is the next of kin entitled to the entire net proceeds of the estate and there is no will. Bond is dispensed with by law.
- ☐ Applicant offers the attached bond in the amount of \$ \_\_\_\_\_.

Applicant accepts the duties of fiduciary in the estate imposed by law, and such additional duties as may be required by the Court. Applicant acknowledges being subject to removal as fiduciary for failure to perform such duties as required, and also acknowledges being subject to criminal penalties for improper conversion of any property held as fiduciary.


  
 Attorney for Applicant  
 James R. Mitchell  
 Typed or Printed Name  
 9889 West State Rt. 55  
 Address  
 Ludlow Falls, Ohio 45339  
 937-947-1831  
 Phone Number (include area code)  
 Attorney Registration No. 0005781


  
 Applicant  
 James R. Mitchell  
 Typed or Printed Name  
 9889 West State Rt. 55  
 Address  
 Ludlow Falls, Ohio 45339  
 937-947-1831  
 Phone Number (include area code)

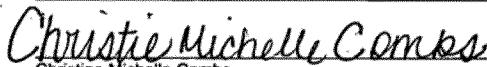
### WAIVER OF RIGHT TO ADMINISTER

[R.C. 2113.06]

The undersigned, being persons entitled to administer decedent's estate, and whose priority of right to do so is equal or superior to that of applicant, hereby waive appointment to administer the estate.

  
 Lacey Renee Gibbs

  
 Terri Lynn Hull

  
 Christine Michelle Combs

### ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M. as the date and time for hearing the application for authority to administer decedent's estate. The Court orders notice to take or renounce administration to be given those persons entitled to administer decedent's estate, whose priority of right to do so is equal or superior to that of applicant, and who have not waived appointment to administer the estate.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Probate Judge

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO**

**ALICE O. MCCOLLUM, JUDGE**

MARGARET C. GRILLOT

ESTATE OF \_\_\_\_\_

CASE NO. **2015EST00733**

FILED  
DECEASED

2015 APR 21 A 11:15

ALICE O. MCCOLLUM  
PROBATE JUDGE  
MONTGOMERY CO OHIO

**ENTRY APPOINTING FIDUCIARY- LETTERS OF AUTHORITY**

[For Executors and all Administrators]

James R. Mitchell, Executor

Name and Title of Fiduciary \_\_\_\_\_

On hearing in open Court the application of the above fiduciary for authority to administer decedent's estate, the Court finds that;

Decedent died [check one of the following] ☒ testate - ☐ intestate - on April 3, 2015,  
domiciled in MONTGOMERY COUNTY, OHIO

[Check one of the following] ☒ Bond is dispensed with by the Will - ☐ Bond is dispensed with by law - ☐  
Applicant has executed and filed an appropriate bond, which is approved by the Court; and

Applicant is a suitable and competent person to execute the trust.

The Court therefore appoints applicant as such fiduciary, with the power conferred by law to fully administer decedent's estate. This entry of appointment constitutes the fiduciary's letters of authority.

**APR 20 2015**

Date

  
Probate Judge

**CERTIFICATE OF APPOINTMENT AND INCUMBENCY**

The above document is a true copy of the original kept by me as custodian of the records of this Court. It constitutes the appointment and letters of authority of the named fiduciary, who is qualified and acting in such capacity.

\_\_\_\_\_  
Alice O. McCollum, Probate Judge/Clerk

by: \_\_\_\_\_

[Seal]

\_\_\_\_\_  
Date

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO**  
**ALICE O. MCCOLLUM, JUDGE**

FILED  
 PROBATE COURT

ESTATE OF MARGARET C. GRILLOT

2015 APR 2 DECEASED 15

CASE NO. **2015EST00733**

ALICE O. MCCOLLUM  
 PROBATE JUDGE  
 MONTGOMERY CO OHIO

**FIDUCIARY'S ACCEPTANCE**  
**(EXECUTOR/ADMINISTRATOR)**

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court. As executor/administrator of the estate I will:

- 1) Give notice of the admission of the will to probate to all next of kin and legatees and devisees and file a certificate of notice of probate of will form with the court within 2 months of my appointment.
- 2) Make and file any inventory of the real and personal assets of the estate within 3 months of my appointment, or within such time as extended by the Court.
- 3) Deposit funds which come into my hands in a lawful depository located within this State and keep estate funds in separate estate accounts at all times during the estate administration.
- 4) Invest all funds in a lawful manner.
- 5) Make and file a final and distributive account within 6 months of my appointment unless this time period is extended by law or order of the Court.
- 6) File all estate or income tax documents as required by law.
- 7) Maintain adequate insurance to reasonably protect any property that I hold as a fiduciary.
- 8) Obtain Court approval prior to any personal purchases or other dealings.
- 9) Obtain Court approval for the payment of attorney fees before a final account is prepared unless paid with the written consent of all beneficiaries in a solvent estate.

I acknowledge the following: 1) That I am required to notify this Court of a change in my permanent address; 2) That I may be removed as fiduciary if: a) I fail to notify this Court of a change in my permanent address or b) I fail to perform my duties or obey all orders of the Court; 3) That I may be subject to civil and criminal penalties for improper use of the property that I hold as a fiduciary.

Date 4-17-2015 Fiduciary Jane Z. [Signature]

M.C. FORM 4.8 - FIDUCIARY'S ACCEPTANCE

2015EST00733



1192715



**2015EST00733**FILED  
PROBATE COURT**LAST WILL AND TESTAMENT****OF**

2015 APR 21 A 11:15

**MARGARET C. GRILLOT**ALICE O. MCCOLLUM  
PROBATE JUDGE  
MONTGOMERY CO OHIO

I, **MARGARET C. GRILLOT**, of the County of Montgomery and State of Ohio, desiring to indicate in due legal form what disposition of my estate is to be made after my decease, and being of full legal age, of sound mind and memory, and under no restraint whatever, do hereby publish and declare this to be my Last Will and Testament, in the manner and form following, hereby revoking all wills and codicils by me heretofore made.

ITEM I: I desire all my just debts and funeral expenses to be paid as soon as possible after my decease. I also direct that all inheritance, estate and succession taxes (including interest and penalties thereon) payable by reason of my death, whether or not arising out of property which is part of my probate estate, shall be paid out of the residue of my probate estate without reimbursement from any person.

ITEM II: I give, devise and bequeath the following:

1. The sum of \$100,000.00 to **LACY RENEE LAW**.
2. The sum of \$100,000.00 to **CHRISTINE MICHELLE COMBS**.
3. The sum of \$100,000.00 to **TERRI LYNN GRIMMETT**.

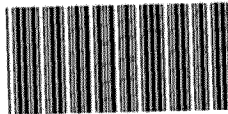
ITEM III: All the rest, residue, and remainder of my estate of whatever kind or character, and wheresoever situate, of which I may die seized or possessed, or to which I may be entitled at the time of my decease, or which I may have the power to dispose of by Will, I give, devise and bequeath to my son **JOHN FRANKLIN LAW, JR.**, absolutely and in fee simple. In the event my son, **JOHN FRANKLIN LAW, JR.**, has predeceased me and is not living at the time of my death, or in the event his death occurs at the same time as mine, or in the event there is no

Page 1 of 3 Pages

*Margaret C Grillo*

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2015EST00733



1192711

2015 EST 00733

evidence of the order of which the death of my son and myself occurred, or in the event his death occurs within sixty (60) days of my death regardless of cause, then in any of these events, and in any such event or events, I give, devise and bequeath all the rest, residue and remainder of my estate, of whatever kind or character and wheresoever situate of which I may be entitled at the time of my decease, or which I may have the power to dispose of by Will, to my grandchildren, **LACY RENEE LAW, CHRISTINE MICHELLE COMBS AND TERRI LYNN GRIMMETT**, share and share alike, per stirpes, absolutely and in fee simple.

ITEM IV: I make, nominate and appoint my son, **JOHN FRANKLIN LAW, JR.**, to be Executor of this my Last Will and Testament, hereby authorizing and empowering my said Executor with full and complete discretion, without incurring any liability in making such decisions, to compound, compromise, settle and adjust all claims and demands in favor of or against my estate, and to sell, at private or public sale, at such prices and upon such terms of credit or otherwise as he may deem best, the whole or any part of my real or personal property, and to execute, acknowledge and deliver deeds and other proper instruments of conveyance therefore to the purchaser or purchasers. No purchaser from my Executor need see to the application of the purchase money to or for the purposes of the trust, but the receipt of my Executor shall be a complete discharge and acquittance therefore. Furthermore, I request that no bond be required of my said Executor.

In the event my son **JOHN FRANKLIN LAW, JR.** has predeceased me, or fails, refuses, or is unable to act for any reason whatsoever, then in any such event or events, I then nominate and appoint **JAMES R. MITCHELL** as Successor Executor of this my Last Will and Testament, with the same power and authority as herein originally and previously bestowed upon

Page 2 of 3 Pages

{00298477.DOC;}

*Margaret C. Grissat*

2015 EST 00733

**JOHN FRANKLIN LAW, JR.**, as Executor of this my Last Will and Testament, and he in like manner to serve without bond.

ITEM V: In hereby appoint and direct that **JAMES R. MITCHELL**, of the law firm of Cherneskey, Heyman & Kress P.L.L., Dayton, Ohio, act as the attorney for my estate and also as the attorney for my Executor.

IN WITNESS WHEREOF, I have hereunto set my hand at Dayton, Ohio, this 22 day of May, 2007.

Margaret C. Grillo  
Margaret C. Grillo

Signed by the said **MARGARET C. GRILLOT** and by her acknowledged to be her Last Will and Testament before us and in our presence and by us subscribed as attesting witnesses, in her presence and at her request in the presence of each other, this 22 day of May, 2007.

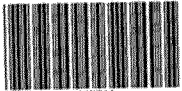
Jacqueline M. Machuly residing at 1570 Cedar Brook Dr #1  
West Carrollton Ohio 45449

Jan R. Hillman residing at 9839 West State Rt 55  
Lullow Falls Ohio 45339

2015EST00733

PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW



1192716

57

Ohio Department of Health

2015EST00733

Dist. No. 5701

VITAL STATISTICS

State File No. 2015033108

## CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) <b>MARGARET C GRILLOT</b>				2. Sex <b>Female</b>		3. Date of Death (Mo/Day/Year) <b>April 03, 2015</b>	
4. Social Security Number <b>92</b>				5a. Age (Years) <b>92</b>		5b. Under 1 Year Months Days	
5c. Under 1 day Hours Minutes				6. Date of Birth (Mo/Day/Year) <b>August 18, 1922</b>		7. Birthplace (City and State or Foreign Country) <b>DECATUR, ALABAMA</b>	
8a. Residence State <b>OHIO</b>				8b. County <b>MONTGOMERY</b>			
8c. City or Town <b>WEST CARROLLTON</b>				8d. Zip Code <b>45449</b>		8e. Inside City Limits? <b>Yes</b>	
9. Ever in US Armed Forces? <b>No</b>				10. Marital Status at Time of Death <b>Widowed (and not remarried)</b>			
11. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED</b>				12. Decedent of Hispanic Origin <b>No</b>		13. Decedent's Race <b>White</b>	
14. Father's Name <b>ROBERT EATON</b>				15. Mother's Name (prior to first marriage) <b>DADIE CALLAHAN</b>			
16. Informant's Name <b>TERRI LANE HULL</b>				17a. Relationship to Decedent <b>granddaughter</b>		17b. Mailing Address (Street and Number, City, State, Zip Code) <b>842 Stonehenge Drive TIPP CITY, OHIO 45371</b>	
18a. Place of Death <b>NonHospital - Hospice Facility</b>				18b. Facility Name (If not Institution, give street & number) <b>HOSPICE OF DAYTON INC</b>			
18c. City or Town, State and Zip Code <b>DAYTON, OH 45420</b>				18d. County of Death <b>MONTGOMERY</b>			
19. Signature of Informant <i>[Signature]</i>				20. License Number (of licensee) <b>006730</b>		21. Name and Complete Address of Funeral Facility <b>SANNER FUNERAL HOME INC 800 ALEX RD WEST CARROLLTON, OH 45449</b>	
22a. Manner of Disposition <b>Burial</b>				22b. Date of Disposition <b>April 07, 2015</b>		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) <b>Calvary Cemetery</b>	
22d. Location (City/Town and State) <b>DAYTON, OH</b>				23. Registrar's Signature <i>[Signature]</i>			
24. Date Filed <b>4-8-2015</b>				25a. Name of Person Issuing Burial Permit <b>JORDAN, ROY</b>			
25b. District No. <b>5700</b>				25c. Date Burial Permit Issued <b>April 6, 2015</b>			
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
26b. Time of Death <b>0012</b>				26c. Date Pronounced Dead (Mo/Day/Year) <b>4/3/15</b>		26d. Was case referred to coroner? <b>No</b>	
26e. Signature and Title of Certifier <i>[Signature]</i>				26f. License number <b>35.069185</b>		26g. Date Signed <b>4/7/15</b>	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death <b>SCHMITZ, WENDY GAY, 324 Wilmington Ave DAYTON, OH 45420</b>							
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.							
Immediate Cause (Final disease or condition resulting in death) <b>Stroke CVA</b>							
Sequentially list conditions, if any, leading to immediate cause b. Due to (or as Consequence of) <b>days</b>							
c. Due to (or as Consequence of)							
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) d. Due to (or as Consequence of)							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>HTN</b>							
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably				31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined				33a. Date of Injury (Mo/Day/Year)			
33b. Time of Injury				33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			
33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)			
33f. Describe How Injury Occurred:				33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:			

NEA 2724 Rev. 01/07

HEREBY CERTIFY THIS  
STATEMENT IS AN EXACT  
COPY OF THE RECORD ON FILE WITH  
THE OHIO DEPARTMENT OF HEALTH.

AP-815001748

*[Signature]*  
ROY E. JORDAN, LOCAL REGISTRAR  
OFFICE OF VITAL STATISTICS  
OFFICIAL MY SIGNATURE & SEAL

REV. 6/2009

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL VISION MARK - HOLD AT AN ANGLE TO VIEW

# ALABAMA

## Center for Health Statistics

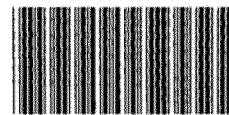
### ALABAMA CERTIFICATE OF DEATH

2015EST00733  
101-2012-37893

1. DECEASED LEGAL NAME John Franklin Law Jr				2. DATE AND TIME OF DEATH Oct 31, 2012 1210			
3. ALIAS NAME(If ANY) None Given				4. DATE AND TIME PRONOUNCED DEAD Oct 31, 2012 1210			
5. COUNTY OF DEATH Jackson		6. CITY, TOWN OR LOCATION OF DEATH AND ZIP Scottsboro, 35769		7. PLACE OF DEATH 686 Law Street		8. HISpanic ORIGIN No	
9. RACE Caucasian		10. SEX Male		11. SERVED IN ARMED FORCES No		12. AGE 53	
13. DATE OF BIRTH Jun 19, 1959		14. STATE OF BIRTH Tennessee		15. SOCIAL SECURITY NUMBER		16. MARITAL STATUS Married	
17. SURVIVING SPOUSE Teresa Christie		18. RESIDENCE STATE Alabama		19. RESIDENCE COUNTY Jackson		20. CITY, TOWN OR LOCATION AND ZIP Scottsboro, 35769	
21. STREET ADDRESS 686 Law Street		22. INFORMANT NAME, RELATIONSHIP AND ADDRESS Teresa Law, Relationship: Wife 686 Law Street Scottsboro, Alabama 35769		23. OCCUPATION Pipe Fitter		24. BUSINESS OR INDUSTRY City of Scottsboro WSG Board	
25. FATHER'S NAME John Franklin Law, Sr		26. MOTHER'S MAIDEN NAME Margaret Eaton		27. DISPOSITION OF BODY Burial		28. DATE OF DISPOSITION Nov 3, 2012	
29. CEMETERY OR CREMATORY Cedar Hill Cemetery		30. LOCATION Scottsboro, Alabama		31. FUNERAL HOME NAME AND ADDRESS Rudder Funeral Home, Scottsboro, 716 S Broad St, Scottsboro, AL 35768		32. LICENSE NUMBER	
33. FUNERAL DIRECTOR John C Rudder		34. LICENSE NUMBER		35. DATE SIGNED Nov 2, 2012		36. MEDICAL CERTIFICATION: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER	
37. NAME Jack Manuel Englert MD		38. LICENSE NUMBER 15840		39. DATE SIGNED Nov 1, 2012		40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 101 D Bob Wallace Ave, Huntsville, Alabama 35801	
41. REGISTRAR Catherine Molchan Donald		42. DATE FILED Nov 2, 2012					

### CAUSE OF DEATH

43. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH				INTERVAL	
IMMEDIATE CAUSE		A. Liver Cancer		Unknown	
		DUE TO (OR AS A CONSEQUENCE OF):			
UNDERLYING CAUSE		B. Natural Causes		Unknown	
		DUE TO (OR AS A CONSEQUENCE OF):			
		C.			
		DUE TO (OR AS A CONSEQUENCE OF):			
		D.			
44. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH					
45. MANNER OF DEATH Natural Cause		46. PREGNANCY IN LAST 42 DAYS No		47. AUTOPSY Unk	
48. FINDINGS CONSIDERED		49. DATE AND			
50. HOW INJURY OCCURRED					
51. INJURY AT WORK		52. PLACE OF INJURY		53. LOCATION OF INJURY	



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ADPH HS E2/REV 07-10

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2013-339-617-7

August 8, 2013

*Catherine M. Donald*  
Catherine Molchan Donald  
State Registrar of Vital Statistics